

Foster Family Home - Corrective Action Report

Provider ID: 1-120074

Home Name: Jovelyn Garces, CNA

Review ID: 1-120074-13

2256 Akeukeu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/16/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/16/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- Ecrim of CG#3 lapsed on 1/5/2021 and renewed on 2/16/2021. No APS/CAN/Fingerprinting result present in the CCFFH binder for HHM#3.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#3.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d), (d)(1)(2)(3)- No MD order present in Client #1's chart for a [REDACTED]

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Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Kitchen door designated as one of the emergency exits of the CCFFH was obstructed with boxes and multiple household items preventing a clear/safe pathway in the event of an emergency/evacuation.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5 without evidence of having had the training of the CCFFH's Emergency Preparedness Plan form.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Client #3 there was one medication was not transcribed in the Medication Administration Record. Medication has a current MD order and medication bottle was available during CCFFH inspection.

54.(c)(8)- No Personal Inventory Checklist present in Client #1's chart.

Mabel Nerkasine, RN 2/16/2021

Compliance Manager

Date

Jelena G. G...

Primary Care Giver

Date

2/16/2021